Main Street Program Organization Volunteer Application

DATE:_____

ORGANIZATION:_____   CONTACT NAME:_____

MAILING ADDRESS:_____   STATE:_____   ZIP CODE:_____

PHONE NUMBER: (_____)_____   EMAIL:_____

NUMBER OF TOTAL MEMBERS VOLUNTEERING: _____

T-SHIRT SIZES:
S _____
M _____
L _____
XL _____
2X _____
3X _____

VOLUNTEERING FOR WHICH EVENT(S).

☐ Christmas Fair – Saturday, December 5th 8am-6pm
        8am-noon _____
        11:30-3pm _____
        2:30-6pm _____

NAMES OF VOLUNTEERS
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____